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Only

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

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Office use only NAME OF (Check if name Example: If typying, type 12FE4M5 COMMITTEE (in full) is changed) over the lines Carper For Senate 19 East Commons Boulevard ADDRESS (number and street) Second Floor (Check if address is changed) New Castle ŊΕ STATE \_ ZIP CODE A CITY \_ COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) .Group@perkinscoje.com (Check If address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.carperforsenate.com (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** C00349217 IS THIS STATEMENT NEW (N) AMENDED (A) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete ndrew Lippstone Type or Print Name of Treasurer Electronically Filed by Andrew Lippstone Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 02/2009)

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